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PTO/SB/01 (0-07)

Approved for use through 10/31/2002. GOMR 0851-0032  
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCEDECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.83) Declaration  
Submitted  
With Initial  
Filing Declaration  
Submitted after Initial  
Filing (surcharge  
(37 CFR 1.16 (e))  
required)

Attorney Docket Number	5147V-113
First Named Inventor	Stevenson
COMPLETE IF KNOWN	
Application Number	/
Filing Date	
Art Unit	
Examiner Name	

As the below named Inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

SURFACING OF POLYOLEFIN OBJECTS WITH ANTIMICROBIAL MATERIALS

(Title of the invention)

the specification of which

 is attached hereto.

OR

 was filed on (MM/DD/YYYY)  

as United States Application Number or PCT International

Application Number  and was amended on (MM/DD/YYYY)  

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which becomes available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(e)(2) or (1), or 365(c) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application, having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	Certified Copy Attached? NO
<input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

 Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto.

[Page 1 of 2]

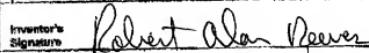
Savesign Your Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you required to complete this form should be sent to the CMA/Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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PTO/SB/01 (10-01)

Approved for use through 10/31/2002. GPO: 0681-0032

## DECLARATION — Utility or Design Patent Application

<input checked="" type="checkbox"/> Direct all correspondence to <input type="checkbox"/> Customer Number _____		<input type="checkbox"/> OR <input checked="" type="checkbox"/> Correspondence address below	
<p>Name <b>Robert E. Strauss MOLD IN GRAPHICS SYSTEMS</b></p> <p>Address <b>P.O. Box 1650</b></p> <p>City <b>Clarkdale</b> State <b>Arizona</b> ZIP <b>86324</b></p> <p>Country <b>U.S.A.</b> Telephone <b>(760) 773-0745</b> Fax <b>773-0745</b></p>			
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>			
<p>NAME OF SOLE OR FIRST INVENTOR: <input type="checkbox"/> A petition has been filed for this unsigned Inventor</p>			
<p>Given Name <b>Michael J</b> (First and middle [or first])</p> <p></p>		<p>Family Name <b>Stevenson</b> (Last name or Surname)</p> <p>Date <b>12/27/01</b></p>	
<p>Residence: City <b>Sedona</b></p>		<p>State <b>Arizona</b> County <b>U.S.A.</b> Citizenship <b>U.S.A.</b></p>	
<p>Mailing Address <b>1200 Soldier Pass Road.</b></p>			
<p>City <b>Sedona</b></p>		<p>State <b>Arizona</b> ZIP <b>86336</b> County <b>U.S.A.</b></p>	
<p>NAME OF SECOND INVENTOR: <input type="checkbox"/> A petition has been filed for this unsigned Inventor</p>			
<p>Given Name <b>Robert Alan</b> (First and middle [or first])</p> <p></p>		<p>Family Name <b>Reeves</b> (Last name or Surname)</p>	
<p>Residence: City <b>Cottonwood</b></p>		<p>State <b>Arizona</b> ZIP <b>86326</b> County <b>U.S.A.</b></p>	
<p>Mailing Address <b>845 Oasis Drive</b></p>			
<p>City <b>Cottonwood</b></p>		<p>State <b>Arizona</b> ZIP <b>86326</b> County <b>U.S.A.</b></p>	
<p><input type="checkbox"/> Additional Inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.</p>			

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POWER OF ATTORNEY OR  
AUTHORIZATION OF AGENT

Application Number	
Filing Date	
First Named Inventor	Stevenson, Michael
Title	
Group Art Unit	
Examiner Name	
Attorney Docket Number	

I hereby appoint:

Practitioners at Customer Number  → Place Customer Number Bar Code Label here  
 OR  
 Practitioner(s) named below:

Name	Registration Number
Robert E. Strauss	10364

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

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 Practitioners at Customer Number  → Place Customer Number Bar Code Label here  
 OR

Firm or Individual Name	Robert E. Strauss, MOLD IN GRAPHICS SYSTEMS		
Address	P.O. Box 1656		
Address			
City	Clarkdale	State	Arizona
Country	U.S.A.		
Telephone	(760) 773-0745	Fax	

I am the:

Applicant/inventor.  
 Assignee of record of the entire interest. See 37 CFR 3.71.  
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

## SIGNATURE of Applicant or Assignee of Record

Name Michael J. StevensonSignature Date 17/2/01

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of 1 forms are submitted.

→ **Submit Your Application:** This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on this form that you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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AUTHORIZATION OF AGENT

Application Number	
Filing Date	
First Named Inventor	Stevenson, Michael
TNs	
Group Art Unit	
Examiner Name	
Attorney Docket Number	

I hereby appoint:

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OR  
 Practitioner(s) named below:

Name	Registration Number
Robert E. Strauss	19364

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OR

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OR

<input type="checkbox"/> Firm or Individual Name	Robert E. Strauss, MOLD IN GRAPHICS SYSTEMS
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Address	P.O. Box 1050
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Address	
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City	Clarendale	State	Arizona	Zip	85324
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Country	U.S.A.
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Telephone	(760) 773-0745	Fax	
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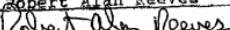
I am the:

+  Applicant/Inventor.  
XX

Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

## SIGNATURE of Applicant or Assignee of Record

Name	Robert Alan Reeves
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Signature	
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Date	12/27/01
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NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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